

DAKOTA COUNTY
SELF-DETERMINATION
PROJECT

NATIONAL
SELF-DETERMINATION
PROJECT PRINCIPLES

FREEDOM

AUTHORITY

SUPPORT

RESPONSIBILITY

DAKOTA COUNTY
PRINCIPLES

RELATIONSHIPS

SIMPLICITY

HUMAN NEED

"WHAT WORKS"

TRANSITION

EQUITY

CHANGE

OVERVIEW

- Individual Budgets
- Personal Support Plans
- Self-Determination Voucher Accounts
- Expenditure Plans
- County & Participant Responsibilities
- Project Policy
- Participation Agreement
- Project Guidance
- Participant Support

INDIVIDUAL BUDGETS

- How budgets are determined:
historical information
is used unless or until
there is a change in
circumstance, i.e.
living situation,
supervision need

DEVELOPING PERSONAL SUPPORT PLANS

- Who participates
- Ways to plan
- Components of a plan

WHO PARTICIPATES

- Those chosen by the participant and their family/guardian/conservator:
 - Family members & friends
 - Coworkers
 - Social worker
 - Staff
 - Other interested persons

WAYS TO MAKE PLANS

- | • Informal: | • Formal: |
|----------------------------------|-----------------------------|
| - "over a cup of coffee" | - Personal Futures Planning |
| - conversation with those chosen | - PATH |
| - things to consider | - MAPS |
| | - Circles of Support |
| | - Essential Lifestyles |

PERSONAL SUPPORT PLAN COMPONENTS

- What does the participant want to do or accomplish (hopes, dreams, aspirations, as well as specifics)?
- How will the participant be supported?
- How is there reasonable risk of freedom from abuse, neglect, exploitation and danger to self/others?
- How is medical care provided?

COMPONENTS (cont.)

- Who will provide what support:
 - finding support: *who will make what arrangements?*
 - coordinating support: *who will keep track of the whole picture?*
 - paying for support: *how will support be paid for? using a Self-Determination Voucher Account? providers continue to bill? a combination?*

SELF-DETERMINATION VOUCHER ACCOUNT

- A checking account owned by Dakota County
- The participant/their designee is a signer on the account
- Money is deposited in the account by the county to pay for support
- Participant (their designee) notes the reason for the expenditure on the "memo" line of the checks
- County receives canceled checks, participant has duplicates; both receive monthly statements

DEVELOPING EXPENDITURE PLANS

- How will available funds be used to implement the Personal Support Plan?



EXPENDITURE PLAN COMPONENTS

- | | |
|---------------------------|----------------------------------------|
| • INFORMAL SUPPORTS | • GENERIC SERVICES -Medical/Therapy |
| | -Equipment |
| • SEMI-FORMAL SUPPORTS | -Education/Training |
| | -Leisure/recreational |
| | -Housing assistance |
| • FORMAL SUPPORTS | -Adaptive clothing |
| | personal care |
| | -Other |

DAKOTA COUNTY RESPONSIBILITY

- Approve Personal Support and Expenditure Plans
- Monitor the self-determination project process
- Monitor the effectiveness of the support plans
- Monitor expenditures for consistency with plan
- Deposit funds into Voucher Accounts
- Manage funding streams behind the scenes

PARTICIPANT RESPONSIBILITY

- Follow Project Policy
- Sign Participation Agreement
- Sign release

PROJECT POLICY

- Participation criteria
- Expenditure guidelines
- Individual budgets
- Receipt of funds
- Hiring and purchasing
- Unexpended funds
- Exiting the project
- Appeal rights

PARTICIPATION AGREEMENT

- **Mutual Understanding**
- **Commitment**
- **Partnership**
- **Feedback**

PROJECT GUIDANCE

- Feedback from participants
- Consumer Advisory Groups
- Steering Committee

PARTICIPANT SUPPORT

- Planning facilitators
- Information
- Participant connections
- Opportunities to meet and talk

DAKOTA COUNTY
SELF-DETERMINATION
PROJECT



SELF-DETERMINATION PROJECT POLICY

The purpose of the Self-Determination Project is to enhance opportunities for children and adults with developmental disabilities to grow, live, work and play in communities, not program systems. Self-determination in Dakota County means the person with developmental disabilities (along with their parent/conservator/guardian, as appropriate) chooses what they want to do, how they want to live, what support is needed, and who provides that support within the parameter of their available resources, as long as their basic health and safety needs are met

PARTICIPATION CRITERIA

A participant must be a client of Dakota County Social Services Developmental Disabilities Section and Dakota County's financial responsibility.

A participant, their parent(s) if a minor child, and/or guardian/conservator if they have one must:

1. with whomever they chose - develop, revise and update as needed, Personal Support and Expenditure Plans following established guidelines for addressing health and safety, and support wanted/needed.
2. make arrangements for obtaining, and paying both formal and informal providers of goods and services
3. not use funds to pay TEFRA or other County fees. County fees are set by the County Board and are required for County funded services within established policy.

EXPENDITURE GUIDELINES

1. All expenditures are expected to be directly related to the participant's Personal Support Plan. For minor children or adults living in their parental home, ***normal expenses for food, clothing, shelter and medical/dental care cannot be covered.*** Other costs that are not allowable include, but are not limited to: normal daycare for minor children of working parent(s); expenses for home repairs or modifications unrelated to participant needs; expenses related to vacation property or timeshares; and life insurance premiums for any member of the family. Items shared with other family members may be approved on a prorated basis.
2. Goods and services purchased are to be cost effective.
3. Expenditures must be made as outlined in the Personal Support and Expenditure Plans. Major alterations to the plan **MUST** be discussed with the participant's Dakota County social worker and agreed upon.
4. Funds cannot be used to purchase certificates of deposit, treasury bills/notes or in other endeavors which tie up funds.

INDIVIDUAL BUDGETS

To receive and manage individual budgets, participants must receive funding from sources which can be individually allocated and controlled. Individual budgets for participants in the project will be historically based. Annual budgets will be consistent with the current cost of a participant's services and support. Participants will not be at risk for a decrease in funding due to participation in this project. However, certain changes in circumstances will result in a change in budget (as they do in the existing system), i.e., moving from family home to placement, moving from placement to family home, finishing public school, significant changes in health/supervision needs.

RECEIPT OF FUNDS

Following approval of the Personal Support and Expenditure Plans, Dakota County will make an initial deposit of funds - typically 1/4 of an annual budget amount for those whose support is all paid for through this account - into the participant's Self Determination Voucher (SDV) Account, a checking account at Southview Bank owned by Dakota County. The person(s) who manages the individual budget and pays for the support described in the Personal Support Plan will be a signatory on that account along with a designated Dakota County employee. Duplicate checks will be used. Both the signatory and Dakota County will receive monthly statements for the account. Dakota County will receive the canceled checks. The signatory(s) will be identified in the Personal Support Plan, and may be the parent/guardian of a minor child, the adult with developmental disabilities, the guardian or conservator of the adult, or another individual designated to perform this function on behalf of the child/adult with disabilities. The signatory may not be a Dakota County social worker.

For those whose support is all paid through this account, Dakota County will reimburse the account monthly up to the (typically) 1/4 of annual budget amount as expenditures are made. When 3/4 of the participant's annual budget has been spent, no more deposits will be made to the account, and what remains will fund support for the remainder of the year.

When only part of support is paid through the SDV Account, deposits will be determined based on the participant's Expenditure Plan.

Checks from the SDV Account may be written only to providers of goods, services and support described in the Personal Support Plan. Participants* may not purchase goods, services or support from personal funds and then reimburse themselves from the SDV Account, except when identified as part of Expenditure Plan. No checks for cash may be written from the SDV Account.

No funds from other sources, governmental or personal, may be deposited into the SDV Account. The County retains the right to modify the disbursement plan if the party to whom the funds are being disbursed appears to require assistance in managing these funds or is unable to maintain compliance with the participation criteria and expenditure guidelines. Reasons to discontinue disbursement include: buying outside established expenditure parameters, buying outside the Personal Support Plan, and/or a consistent pattern of overdrafts.

**Throughout the remainder of this document participant may also mean, as is appropriate to each situation: parents/guardians of minor children, the guardian or conservator for the adult with developmental disabilities, or an individual the participant/their support team designates to assist in a particular area*

In the event that a participant does not have an SDV Account, or does not have all of their support resources flow through that account, the participant will still receive an individual budget. However, designated services and support will be paid for using the usual reimbursement system.

Participants who wish to make major purchases may plan their expenditure pattern to accommodate this purchase within the calendar year or may take out a personal loan, and then repay the loan with funds from their individual budgets according to their Personal Support Plans.

HIRING AND PURCHASING

Participants who have Self Determination Voucher (SDV) Accounts are responsible for making payments from that account for their support. Exceptions to the following will be made on an individual basis.

Formal Support: Support from formal providers (licensed programs and services) will be paid for at the provider's current County contracted rate. If formal providers expand their services offered, new rates will be determined with the County. If the participant does not have an SDV Account, the provider will be reimbursed by the usual system, i.e. VPS or MMIS.

Semi-formal Support: When wages paid to any one individual whom the participant recruits and hires reach a level of more than \$1,100 per calendar quarter, this is considered semi-formal support. The participant is responsible for setting their hourly wage, which may be from minimum wage up to \$12.00/hour. Individuals the participant hires will not meet the legal definition of independent contractor (except in limited circumstances which will be addressed individually). Therefore the participant is also responsible for assuring compliance with all applicable federal and state employment laws. They may become employers themselves, or utilize the services of an entity acting as Employer of Record. If a participant does not use an SDV Account and wants to hire semi-formal support an employer of record must be used.

Informal Support: When wages paid to any one individual the participant recruits and hires are at the level of less than \$1,100 per quarter this is considered informal support. The maximum hourly wage that may be paid is \$12.00 per hour. The participant is not required to comply with federal and state withholding or reporting requirements. However, if a participant does not use an SDV Account, an employer of record must be used and the County will reimburse the employer of record directly.

Generic Goods and Services: Goods and services available to the general public are considered generic services. They may be purchased at no more than current market rate. If the participant does not use an SDV Account, the County will reimburse the participant for expenditures.

***An Employer of Record is an agency which acts as the formal employer of someone the participant selects and directs. The agency provides primarily a payroll service, including issuing paychecks and meeting all state and federal requirements for taxes, withholding, unemployment and Workers' Compensation.*

UNEXPENDED/UNACCOUNTED FOR FUNDS

All funds disbursed in a calendar year must be accounted for before any new or additional funds will be disbursed in the next calendar year. Funds may not be carried over from year to year.

Any funds which are not expended on approved or allowable goods or services must be returned to the County unless alternate expenditures are approved by the social worker. If funds are not returned as required, other options for recovery will be pursued with the County Attorney.

EXITING THE PROJECT

Participants may terminate their participation by notifying their Dakota County social worker. Transition time for services and change of funding will be needed and determined on a case-by-case basis.

The County retains the right to rescind this funding option if it has reason to believe that funds are not being used in accordance with the approved plan and general project guidelines or if the participant does not meet the participation criteria and expenditure management as outlined above.

APPEAL RIGHTS

If there is a reduction in service level or termination of services, the appeal process is the same as for any other program or service.

If there is a denial of a particular expenditure request by the Dakota County social worker, the participant may request that the Developmental Disabilities Section Purchase of Service Committee review the expenditure. The decision of the committee will be final.



PARTICIPATION AGREEMENT

for

Participant name *{please print}*

By signing this agreement, I commit to participating in the Dakota County Self-Determination Project. I understand that as a participant in this Project I am venturing into a new way of doing things. I am willing to learn together with others and give feedback along the way.

I understand that I will have authority to spend the funds budgeted by Dakota County for myself, or the individual in my family or under my guardianship/conservatorship as I see fit, as long as the expenditures meet the Personal Support Plan for the individual with disabilities and program guidelines established by Dakota County. If I misuse funds, I may be required to immediately return the funds allocated to me or may face recovery action of the funds by Dakota County.

I understand that I am responsible for preparing a Personal Support Plan and may include whomever I chose to prepare that plan. My Dakota County social worker must review and approve the plan before any distribution of funds can occur.

I understand that my Personal Support Plan will be considered the plan in effect, unless and until I discuss changes with my Dakota County social worker and they are mutually agreed upon.

I understand that by participating in the Project, I am taking on the role of making arrangements for obtaining and paying both formal and informal providers of goods, services and support. I assume full responsibility for my choices of person(s) to provide unlicensed support and will not hold Dakota County responsible for any act or omission on the part of this person(s) in provision of that support.

I understand that the amount of funds budgeted by the County for me, my family member, or the individual for whom I am guardian/conservator is the sum total of funds available for the year. No additional funds are available. If an emergency arises, I can request additional funds under regular County procedural guidelines.

I understand that as a participant in the Project, I must take part in periodic reviews to assure the effectiveness of the Personal Support Plan.

I have been given a copy of the Self-Determination Project Policy and have reviewed it and understand and will comply with its requirements as a condition to remain a participant in the Project.

This Participation Agreement and the terms in it continue in effect for one year.

Individual/Parent/Guardian/Conservator Signature

Date



DAKOTA COUNTY SELF-DETERMINATION PROJECT

RELEASE OF INFORMATION

For purposes of development and implementation of the Dakota County Self-Determination Project, I authorize the release of:

my name, address and phone number (individual/parent/guardian/conservator)
and the
name, address and phone number of my family member/person
for whom I am legal representative who is a participant in the project

to such parties who have need for the information, in order to implement my own personal participation, or for the purposes of information dissemination and reporting.

These parties may include, as appropriate:

Minnesota Department of Human Services (grant recipient)
Robert Wood Johnson Foundation (grantor)
MRCI (the Employer of Record Option)
Southview Bank (location of the Self Determination Voucher Accounts)
University of Minnesota Institute on Community Integration (project evaluator)
The Dakota County Self-Determination Project Steering Committee

This release is applicable for the length of my participation in the Self-Determination Project, unless specifically stated. I may withdraw my consent to release information by notifying my Dakota County Social Worker.

Name of Participant: _____

Name of Parent/Guardian/Conservator: _____

I give my permission for Dakota County to release the above described information:

Individual/Parent/Conservator/Guardian

Date



PROJECT

What does the participant want to do or accomplish(hopes, dreams, aspirations as well as specifics)?

How will the participant be supported?

How is there reasonable risk of freedom from abuse, neglect, exploitation and danger to self/others?

How is medical care provided?

Who will provide what support:

*who will find what support?

*who will coordinate the support?

*how will support be paid (if with a Self-Determination Voucher Account, who will write the checks)?

DAKOTA COUNTY - SELF DETERMINATION PROJECT EXPENDITURE PLAN

Participant name _____

Date of Plan _____

Annual Budget _____

For supports from (MMDDYY) ____/____/____ to (MMDDYY) ____/____/____

Note: Plan should only include those supports NOT covered by other sources such as private insurance, Social Security, Medical assistance, etc.

Possible Need/Expenditure Categories

| | Annual Amount | Amount this year | County Use Only | County Use Only |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------|-----------------|-----------------|
| | | | County | Waiver |
| INFORMAL supports: (non-licensed supports: neighbors, friends, family members, etc. <1100 per quarter to any individual) | | | | |
| SEMI-FORMAL supports (non-licensed supports: neighbors, friends, family members, etc. >1100 per quarter to any individual) | | | | |
| FORMAL supports (services from licensed vendors) | | | | |
| GENERIC services: | | | | |
| A. Medical/Therapy supports (not private insurance or MA reimbursible) | | | | |
| B. Equipment (therapeutic equipment, assistive technology, lifts, wheelchairs, security/safety equipment, etc. Can be purchased or rented. Training and maintenance) | | | | |
| C. Educational/Training (memberships, workshops, subscriptions, computer programs, consultants,) | | | | |
| D. Leisure/recreational | | | | |
| E. Housing Assistance (accessing and supplementing housing costs not covered by other sources.) | | | | |
| F. Adaptive clothing/personal care items (diaper wipes, extra wash, special clothes) | | | | |
| G. Other (specify) | | | | |
| TOTAL | | | | |



AN OVERVIEW OF FORMAL PLANNING PROCESSES

*Methods and descriptions are excerpts in part or in total from
Lifeworks Services, Inc. Training Manual*

PERSONAL FUTURES PLANNING

Personal Futures Planning is an individualized, possibility-based approach to life planning. A Personal Futures Plan represents a vision for a more desirable future. The plan is developed by a group of people who care about an individual and are willing to assist in making the plan a reality. A facilitator helps organize a group to listen to the dreams and desires of a person and take action over time to accomplish these dreams. Graphic recording often accompanies this process.

PATH (Planning Alternative Tomorrows with Hope)

PATH is an eight step process that helps a person identify his dreams, what life now is like, and action steps to get from now to where he wants to be. All eight steps and their particular order are integral to a successful experience using this planning method. This process is a way for people to align their purpose, their understanding of the situation and the possibilities for hopeful action. They commit to change, mutual support, personal and team development, and learning. PATH is led by a facilitator and graphically illustrated.

MAPS (Making Action Plans)

MAPS is a process that places primary emphasis on inclusion, participation, and learning in integrated settings. This process identifies action steps that move in the direction of inclusion in all aspects of life. Originally developed for use in schools, the MAPS process has been used with adults and families as well. A facilitator guides a process of discussion and planning. A graphic recorder illustrates the process.

CIRCLES OF SUPPORT

A circle of support is a group of people who agree to meet on a regular basis to help an individual accomplish personal visions or goals. The individual is unable to reach her goals alone so she asks a number of people to work with her to overcome obstacles and to open doors to new opportunities. Members of a circle are usually friends, family members, coworkers, neighbors, church members, and sometimes service providers. The majority of members are not paid to be there. This process also uses a facilitator, who may play any number of roles from helping organize meetings to assistance locating resources.

ESSENTIAL LIFESTYLE PLANNING

Essential Lifestyle Planning helps people discover their choices and have those choices honored. It is focused on an individual and what that person values. This process was first developed to support people with challenging behaviors in their communities. The process looks at choices in three categories: non-negotiables, strong preferences, and highly desirables. Non-negotiables are those lifestyle choices which are essential to a reasonable quality of life for a person. Strong preferences are those choices which make a major contribution to a reasonable quality of life but are not critical to it. Highly desirables are things the person would like to have. Again, a facilitator helps a person with a disability, along with people who care about them explore and make plans. Graphic illustration records this process.

DAKOTA COUNTY - SELF DETERMINATION PROJECT EXPENDITURE PLAN

Participant name _____

Date of Plan_____

Annual Budget_____

For supports from (MMDDYY)____/____/____ to (MMDDYY)____/____/____

Note: Plan should only include those supports NOT covered by other sources such as private insurance, Social Security, Medical assistance, etc.

Possible Need/Expenditure Categories

| Annual Amount | Amount this year |
|---------------|------------------|
|---------------|------------------|

INFORMAL supports: (non-licensed supports: neighbors, friends, family members, etc.,
 <1100 per quarter to any individual)

SEMI-FORMAL supports (non-licensed supports: neighbors, friends, family members, etc
 >1100 per quarter to any individual)

FORMAL supports (services from licensed vendors)

GENERIC services:

A. Medical/Therapy supports (not private insurance or MA reimbursible)

B. Equipment (therapeutic equipment, assistive technology, lifts, wheelchairs, security/safety equipment, etc. Can be purchased or rented. Training and maintenance)

C. Educational/Training (memberships, workshops, subscriptions, computer programs, consultants.)

D. Leisure/recreational

E. Housing Assistance (accessing and supplementing housing costs not covered by other sources.)

F. Adaptive clothing/personal care items (diaper wipes, extra wash, special clothes)

G. Other (specify)

TOTAL

DAKOTA COUNTY INDIVIDUAL BUDGET ALLOCATION MATRIX

[illegible]

PARTICIPANT X

ACCT START 4/98

TOTAL ENC. ANNUAL
BUDGET

17,540.00

3% increase 7/1/98

17,771.78

1998 EXPENDITURES
PRIOR TO SDP
AMOUNT FORMAL
VENDORS WILL BILL
MMIS

3,730.96 COUNTY

WAIVER

3,730.96

0.00

INITIAL DEPOSIT

5,000.00

SDP YTD EXPENDITU 6,888.09

SDP YTD EXP. COUN 1,921.08

SDP YTD EXP. WAIVE 4,967.01

REMAINING BALANCE 7,152.73

CHECKBOOK BALANCE

5,000.00

DATE

4/1/98

PARTICIPANT X

| EXPENDITURE PLAN | SDP BUDGET AMOUNT 1998 | BUDGET COUNTY | BUDGET WAIVER | TOTAL SDP EXPENSE D | TOTAL SDP REMAININ G | COUNTY EXPENSE D | COUNTY REMAINI NG | WAIVER EXPENSE D | WAIVER REMAINI NG |
|---------------------------|---------------------------------|------------------|------------------|------------------------------|-------------------------------|------------------------|-------------------------|------------------------|-------------------------|
| INFORMAL SUPPORTS | 5,553.00 | | 5,553.00 | 3,569.26 | 1,983.74 | 0.00 | 0.00 | 3,569.26 | 1,983.74 |
| SEMI- FORMAL SUPPORT | 4,631.25 | | 4,631.25 | 525.00 | 4,106.25 | 0.00 | 0.00 | 525.00 | 4,106.25 |
| FORMAL SUPPORTS | 930.00 | | 930.00 | 860.00 | 70.00 | 0.00 | 0.00 | 860.00 | 70.00 |
| MED/THERAPY | 110.00 | 110.00 | | 917.11 | -807.11 | 917.11 | -807.11 | 0.00 | 0.00 |
| EQUIPMENT | 550.00 | 550.00 | | 300.00 | 250.00 | 300.00 | 250.00 | 0.00 | 0.00 |
| EDUCATION/TRAINING | 246.00 | 246.00 | | 159.74 | 86.26 | 159.74 | 86.26 | 0.00 | 0.00 |
| LEISURE/REC | 1,950.00 | 1,950.00 | | 380.48 | 1,569.52 | 367.73 | 1,582.27 | 12.75 | -12.75 |
| HOUSING ASSISTANCE | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| ADAPT. CLOTH/PC ITEMS | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| OTHER | 450.00 | 450.00 | | 176.50 | 273.50 | 176.50 | 273.50 | 0.00 | 0.00 |
| TOTAL COUNTY WAIVER | | 3,306.00 | 11,114.25 | 6,888.09 | 7,532.16 | 1,921.08 | 1,384.92 | 4,967.01 | 6,147.24 |

PARTICIPANT X

| APRIL | APRIL | APRIL | MAY | MAY | MAY | JUNE | JUNE | JUNE | JULY | JULY | JULY |
|---------|--------|--------|---------|--------|--------|---------|--------|--------|----------|--------|----------|
| EXPENSE | | | EXPENSE | | | EXPENSE | | | EXPENSE | | |
| D | COUNTY | WAIVER | D | COUNTY | WAIVER | D | COUNTY | WAIVER | D | COUNTY | WAIVER |
| 135.50 | | 135.50 | 166.00 | | 166.00 | 390.76 | | 390.76 | 877.00 | | 877.00 |
| 300.00 | | 300.00 | 225.00 | | 225.00 | 0.00 | | | 0.00 | | |
| 0.00 | | | 0.00 | | | 220.00 | | 220.00 | 200.00 | | 200.00 |
| 0.00 | | | 0.00 | | | 0.00 | | | 0.00 | | |
| 0.00 | | | 0.00 | | | 0.00 | | | 300.00 | 300.00 | |
| 0.00 | | | 159.74 | 159.74 | | 0.00 | | | 0.00 | | |
| 41.00 | 41.00 | | 12.75 | | 12.75 | 39.00 | 39.00 | | 69.20 | 69.20 | |
| 0.00 | | | 0.00 | | | 0.00 | | | 0.00 | | |
| 0.00 | | | 0.00 | | | 0.00 | | | 0.00 | | |
| 0.00 | | | 0.00 | | | 0.00 | | | 39.00 | 39.00 | |
| 476.50 | | | 563.49 | | | 649.76 | | | 1,485.20 | | |
| | 41.00 | | | 159.74 | | | 39.00 | | | 408.20 | |
| | | 435.50 | | | 403.75 | | | 610.76 | | | 1,077.00 |

PARTICIPANT X

| AUGUST | AUGUST | AUGUST | SEPT | SEPT | SEPT | OCTOB | OCTOB | OCTOB | NOVEM | NOVEM | NOVEM |
|--------------|----------|----------|--------------|--------|--------|--------------|--------|--------|--------------|--------|--------|
| EXPENDE D | COUNTY | WAIVER | EXPENDE D | COUNTY | WAIVER | EXPENDE D | COUNTY | WAIVER | EXPENDE D | COUNTY | WAIVER |
| 1,509.00 | | 1,509.00 | 491.00 | | 491.00 | 0.00 | | | 0.00 | | |
| 0.00 | | | 0.00 | | | 0.00 | | | 0.00 | | |
| 440.00 | | 440.00 | 0.00 | | | 0.00 | | | 0.00 | | |
| 752.56 | 752.56 | | 164.55 | 164.55 | | 0.00 | | | 0.00 | | |
| 0.00 | | | 0.00 | | | 0.00 | | | 0.00 | | |
| 0.00 | | | 0.00 | | | 0.00 | | | 0.00 | | |
| 172.70 | 172.70 | | 45.83 | 45.83 | | 0.00 | | | 0.00 | | |
| 0.00 | | | 0.00 | | | 0.00 | | | 0.00 | | |
| 0.00 | | | 0.00 | | | 0.00 | | | 0.00 | | |
| 110.50 | 110.50 | | 27.00 | 27.00 | | 0.00 | | | 0.00 | | |
| 2,984.76 | | | 728.38 | | | 0.00 | | | 0.00 | | |
| | 1,035.76 | | | 237.38 | | | 0.00 | | | 0.00 | |
| | | 1,949.00 | | | 491.00 | | | 0.00 | | | 0.00 |

PARTICIPANT X

| DECEN | DECEN | DECEN | TOTAL | TOTAL | TOTAL |
|--------------|--------|--------|--------------|----------|----------|
| EXPENDE D | COUNTY | WAIVER | EXPENDE D | COUNTY | WAIVER |
| 0.00 | | | 3,569.26 | 0.00 | 3,569.26 |
| 0.00 | | | 525.00 | 0.00 | 525.00 |
| 0.00 | | | 860.00 | 0.00 | 860.00 |
| 0.00 | | | 917.11 | 917.11 | 0.00 |
| 0.00 | | | 300.00 | 300.00 | 0.00 |
| 0.00 | | | 159.74 | 159.74 | 0.00 |
| 0.00 | | | 380.48 | 367.73 | 12.75 |
| 0.00 | | | 0.00 | 0.00 | 0.00 |
| 0.00 | | | 0.00 | 0.00 | 0.00 |
| 0.00 | | | 176.50 | 176.50 | 0.00 |
| 0.00 | | | | 6,888.09 | |
| | 0.00 | | | 1,921.08 | |
| | | 0.00 | | | 4,967.01 |

PARTICIPANT X

| | A | B | C | D | E | F | G |
|----|-------------------|----------|--------|--------------------|----------------|--------------------------------------------------------------------------------------------------------|-----------------|
| 1 | | | | | | | |
| 2 | TOTAL ENC. ANNUAL | | | | | | |
| 3 | BUDGET | 17540 | | 3% increase 7/1/98 | | <i>← whatever amount, if any, not eligible for rate increase</i> $((((B3-2214)/365)*0.03)*184)+B3)$ | |
| 4 | 1998 EXPENDITURES | | | | | | |
| 5 | PRIOR TO SDP | =F5 + D5 | COUNTY | | WAIVER | 3730.96 | |
| 6 | AMOUNT FORMAL | | | | | | |
| 7 | VENDORS WILL BILL | | | | | | |
| 8 | MMIS | 0 | | | | | |
| 9 | INITIAL DEPOSIT | 5000 | | | SDP YTD EXPEN | | =AM34 |
| 10 | | | | | SDP YTD EXP. C | | =AM35 |
| 11 | | | | | SDP YTD EXP. | | =AN36 |
| 12 | | | | | REMAINING BAL | | =F3-B5-B6-B7-G8 |
| 13 | CHECKBOOK BALANCE | 5000 | DATE | 4 | | | |
| 14 | | | | | | | |
| 15 | | | | | | | |
| 16 | | | | | | | |

PARTICIPANT X

| | A | B | C | D | E | F | G |
|----|----------------------|--------------------|-------------------|-------------------|--------------------|---------------------|-----------------|
| 16 | EXPENDITURE PLAN | BUDGET AMOUNT 1998 | BUDGET COUNTY | BUDGET WAIVER | TOTAL SDP EXPENDED | TOTAL SDP REMAINING | COUNTY EXPENDED |
| 17 | FORMAL SUPPORTS | 5553 | | 5553 | *AL19 | *B19-AL19 | *AM19 |
| 18 | SEMI-FORMAL SUPPORT | 4631.25 | | 4631.25 | *AL21 | *B21-AL21 | *AM21 |
| 19 | FORMAL SUPPORTS | 930 | | 930 | *AL23 | *B23-AL23 | *AM23 |
| 20 | MED/THERAPY | 110 | 110 | | *AL25 | *B25-AL25 | *AM25 |
| 21 | EQUIPMENT | 550 | 550 | | *AL26 | *B26-AL26 | *AM26 |
| 22 | EDUCATION/TRAINING | 248 | 248 | | *AL27 | *B27-AL27 | *AM27 |
| 23 | LEISURE/REC | 1950 | 1950 | | *AL28 | *B28-AL28 | *AM28 |
| 24 | HOUSING ASSISTANCE | | | | *AL29 | *B29-AL29 | *AM29 |
| 25 | ADAPT. CLOTH/PG ITEM | | | | *AL30 | *B30-AL30 | *AM30 |
| 26 | OTHER | 450 | 450 | | *AL32 | *B32-AL32 | *AM32 |
| 27 | TOTAL | | | | *SUM(E19:E32) | *SUM(F19:F32) | |
| 28 | COUNTY | | *SUM(SC519:SC632) | | | | *SUM(G19:G32) |
| 29 | WAIVER | | | *SUM(SD519:SD632) | | | |

PARTICIPANT X

| | H | I | J | K | L | M | N | O | P |
|----|------------------|-----------------|------------------|---------------|---------------|---------------|---------------|---------------|---------------|
| 16 | COUNTY REMAINING | WAIVER EXPENDED | WAIVER REMAINING | EXPENDED | COUNTY | WAIVER | EXPENDED | COUNTY | WAIVER |
| 17 | *C19-G19 | *AN19 | *D19-I19 | *L19-M19 | | 135.5 | *O19-P19 | | 160 |
| 18 | *C21-G21 | *AN21 | *D21-I21 | *L21-M21 | | 300 | *O21-P21 | | 225 |
| 19 | *C23-G23 | *AN23 | *D23-I23 | *L23-M23 | | | *O23-P23 | | |
| 20 | *C25-G25 | *AN25 | *D25-I25 | *L25-M25 | | | *O25-P25 | | |
| 21 | *C26-G26 | *AN26 | *D26-I26 | *L26-M26 | | | *O26-P26 | | |
| 22 | *C27-G27 | *AN27 | *D27-I27 | *L27-M27 | | | *O27-P27 | 150.74 | |
| 23 | *C28-G28 | *AN28 | *D28-I28 | *L28-M28 | 41 | | *O28-P28 | | 12.75 |
| 24 | *C29-G29 | *AN29 | *D29-I29 | *L29-M29 | | | *O29-P29 | | |
| 25 | *C30-G30 | *AN30 | *D30-I30 | *L30-M30 | | | *O30-P30 | | |
| 26 | *C32-G32 | *AN32 | *D32-I32 | *L32-M32 | | | *O32-P32 | | |
| 27 | | | | *SUM(K18:K32) | | | *SUM(N18:N32) | | |
| 28 | *SUM(H19:H32) | | | | *SUM(L18:L32) | | | *SUM(O18:O32) | |
| 29 | | *SUM(I19:I32) | *SUM(J19:J32) | | | *SUM(M18:M32) | | | *SUM(P18:P32) |

PARTICIPANT X

| | Q | R | S | T | U | V | W | X | Y |
|----|---------------|---------------|---------------|---------------|---------------|--------|---------------|---------------|---------------|
| 16 | JUNE | JUNE | JUNE | JULY | JULY | JULY | AUGUST | AUGUST | AUGUST |
| 17 | EXPENDED | COUNTY | WAIVER | EXPENDED | COUNTY | WAIVER | EXPENDED | COUNTY | WAIVER |
| 18 | *R19-S19 | | 390.76 | *U19-V19 | | 677 | *X19-Y19 | | 1509 |
| 19 | *R21-S21 | | | *U21-V21 | | | *X21-Y21 | | |
| 20 | *R23-S23 | | 220 | *U23-V23 | | 200 | *X23-Y23 | | 440 |
| 21 | *R25-S25 | | | *U25-V25 | | | *X25-Y25 | 752.56 | |
| 22 | *R26-S26 | | | *U26-V26 | 300 | | *X26-Y26 | | |
| 23 | *R27-S27 | | | *U27-V27 | | | *X27-Y27 | | |
| 24 | *R28-S28 | 30 | | *U28-V28 | 69.2 | | *X28-Y28 | 112.7 | |
| 25 | *R29-S29 | | | *U29-V29 | | | *X29-Y29 | | |
| 26 | *R30-S30 | | | *U30-V30 | | | *X30-Y30 | | |
| 27 | *R32-S32 | | | *U32-V32 | 30 | | *X32-Y32 | 110.5 | |
| 28 | *SUM(Q18:Q32) | *SUM(R18:R32) | | *SUM(T18:T32) | | | *SUM(W18:W32) | | |
| 29 | | | *SUM(S18:S32) | | *SUM(U18:U32) | | *SUM(V18:V32) | *SUM(X18:X32) | *SUM(Y18:Y32) |

PARTICIPANT X

| | 2 | AA | AB | AC | AD | AE | AF |
|----|---------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| 16 | SEPT | SEPT | SEPT | OCTOB | OCTOB | OCTOB | NOVEM |
| 17 | EXPENDED | COUNTY | WAIVER | EXPENDED | COUNTY | WAIVER | EXPENDED |
| 18 | *AA19-AB19 | | 491 | *AD19-AE19 | | | *AG19-AH19 |
| 19 | *AA21-AB21 | | | *AD21-AE21 | | | *AG21-AH21 |
| 20 | *AA23-AB23 | | | *AD23-AE23 | | | *AG23-AH23 |
| 21 | *AA25-AB25 | 104.55 | | *AD25-AE25 | | | *AG25-AH25 |
| 22 | *AA26-AB26 | | | *AD26-AE26 | | | *AG26-AH26 |
| 23 | *AA27-AB27 | | | *AD27-AE27 | | | *AG27-AH27 |
| 24 | *AA28-AB28 | 45.83 | | *AD28-AE28 | | | *AG28-AH28 |
| 25 | *AA29-AB29 | | | *AD29-AE29 | | | *AG29-AH29 |
| 26 | *AA30-AB30 | | | *AD30-AE30 | | | *AG30-AH30 |
| 27 | *AA32-AB32 | 27 | | *AD32-AE32 | | | *AG32-AH32 |
| 28 | *SUM(Z18:Z32) | *SUM(AA18:AA32) | *SUM(AB18:AB32) | *SUM(AC18:AC32) | *SUM(AD18:AD32) | *SUM(AE18:AE32) | *SUM(AH18:AH32) |

PARTICIPANT X

| 16 | AG | AH | AI | AJ | AK | AL |
|-------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| NOVEM | NOVEM | DECEM | DECEM | DECEM | TOTAL | |
| 17 | COUNTY | WAIVER | EXPENDED | COUNTY | WAIVER | EXPENDED |
| | | | =AJ19-AK19 | | | =AM19-AN19 |
| | | | =AJ21-AK21 | | | =AM21-AN21 |
| | | | =AJ23-AK23 | | | =AM23-AN23 |
| | | | =AJ25-AK25 | | | =AM25-AN25 |
| | | | =AJ26-AK26 | | | =AM26-AN26 |
| | | | =AJ27-AK27 | | | =AM27-AN27 |
| | | | =AJ28-AK28 | | | =AM28-AN28 |
| | | | =AJ29-AK29 | | | =AM29-AN29 |
| | | | =AJ30-AK30 | | | =AM30-AN30 |
| | | | =AJ32-AK32 | | | =AM32-AN32 |
| | | | =SUM(AJ16:AJ32) | | | =SUM(AM16:AM32) |
| | =SUM(AG16:AG32) | =SUM(AH16:AH32) | | =SUM(AJ16:AJ32) | =SUM(AK16:AK32) | |
| 17 | | | | | | |

PARTICIPANT X

| 16 | AM | AN |
|-------|------------------------------------------|------------------------------------------|
| TOTAL | TOTAL | |
| 17 | COUNTY | WAIVER |
| | =L19-C19+R19+U19+X19+AA19+AD19+AG19+AJ19 | =M19-P19+S19+V19+Y19+AB19+AE19+AH19+AK19 |
| | =L21-C21+R21+U21+X21+AA21+AD21+AG21+AJ21 | =M21-P21+S21+V21+Y21+AB21+AE21+AH21+AK21 |
| | =L23-C23+R23+U23+X23+AA23+AD23+AG23+AJ23 | =M23-P23+S23+V23+Y23+AB23+AE23+AH23+AK23 |
| | =L25-C25+R25+U25+X25+AA25+AD25+AG25+AJ25 | =M25-P25+S25+V25+Y25+AB25+AE25+AH25+AK25 |
| | =L26-C26+R26+U26+X26+AA26+AD26+AG26+AJ26 | =M26-P26+S26+V26+Y26+AB26+AE26+AH26+AK26 |
| | =L27-C27+R27+U27+X27+AA27+AD27+AG27+AJ27 | =M27-P27+S27+V27+Y27+AB27+AE27+AH27+AK27 |
| | =L28-C28+R28+U28+X28+AA28+AD28+AG28+AJ28 | =M28-P28+S28+V28+Y28+AB28+AE28+AH28+AK28 |
| | =L29-C29+R29+U29+X29+AA29+AD29+AG29+AJ29 | =M29-P29+S29+V29+Y29+AB29+AE29+AH29+AK29 |
| | =L30-C30+R30+U30+X30+AA30+AD30+AG30+AJ30 | =M30-P30+S30+V30+Y30+AB30+AE30+AH30+AK30 |
| | =L32-C32+R32+U32+X32+AA32+AD32+AG32+AJ32 | =M32-P32+S32+V32+Y32+AB32+AE32+AH32+AK32 |
| | =SUM(K34:K36) | |
| | =SUM(L35:L36) | =SUM(M36:AK36) |
| 17 | | |

DAKOTA COUNTY SELF-DETERMINATION PROJECT



APPLICATION FOR PARTICIPATION

This application does not commit you or your parent(s)/guardian to the Dakota County Self-Determination Project, nor does it guarantee your participation. All applications will be seriously considered.

PLEASE COMPLETE & RETURN THIS APPLICATION TO:

Karen Courtney
Dakota County Social Services
Developmental Disabilities Section
161 No. Concord Exchange, Suite 400
South St. Paul, MN 55075

If you have any questions about the application or the project, or need to complete your application using an alternate method, please call your social worker, or Karen Courtney at 651/552-3046.

ELIGIBILITY: To participate in the project, Dakota County must be the county of financial responsibility.

To be considered, please supply the following information. Please print.

Applicant Name: _____ Date of Birth: _____
(adult/child with disability)

Address: _____ Phone: _____

Parent/Guardian: _____
(if applicant is under guardianship, please use name of guardian)

Address: _____ Phone: _____ (home)
_____ (work)

Other interested person(s):
(family, friends, support staff)

Dakota County Social Worker:

Why are you (applicant/parent(s)/guardian) interested in participating in this project?
(please continue on the back if needed)

This project will require an adventuresome spirit and a willingness to learn along the way. Please indicate your comfort with these key components, given your particular situation (use the back if needed):

Participants and/or their support networks* will develop (or review/revise) personal plans.

- _____ Not a problem
- _____ May be a problem (please explain)
- _____ Will be a problem (please explain)

Participants and/or their support networks will spend time making their own service arrangements and contingency plans.

- _____ Not a problem
- _____ May be a problem (please explain)
- _____ Will be a problem (please explain)

Participants and/or someone in their support network will be responsible and accountable for monitoring their individual budget and arranging for payment for services. Options range from having support funds deposited in a checking account for the participant's use to having providers reimbursed as they currently are.

- _____ Not a problem
- _____ May be a problem (please explain)
- _____ Will be a problem (please explain)

**Support Network means minimally, the participant and their parent(s) if a minor child or their guardian (if they have one). It also includes any others, both professional and non-professional, they chose to help them plan and provide their support.*

Participants or their parents/guardians will be required to sign participation agreements defining expectations, parameters and accountability for participation and use of funds.

- _____ Not a problem
- _____ May be a problem (please explain)
- _____ Will be a problem (please explain)

Participants and/or their support networks will be asked to give regular input and feedback about the project.

- _____ Not a problem
- _____ May be a problem (please explain)
- _____ Will be a problem (please explain)

Is there anything else you'd like us to know?

Application completed by: _____ Date:

Relationship to applicant: _____

SERVICE DESCRIPTIONS -1998

Minnesota's Title XIX Home and Community Based Services Waiver for Persons with Mental Retardation or Related Conditions (MR/RC Waiver)

CONSUMER-DIRECTED COMMUNITY SUPPORT

Consumer-directed community supports are services which provide support, care and assistance to an individual with a disability, prevent the person's institutionalization and allow the person to live an inclusive community life. Consumer-directed community supports are designed to build, strengthen or maintain informal networks of community support for the person. Consumer-directed community supports include the following specific activities at the request and direction of the consumer and his/her legal representative:

- 1) Provision of services and supports which assist the person, family or friends to:
 - * identify and access formal and informal support systems;
 - * develop a meaningful consumer support plan;
 - * increase and/or maintain the capacity to direct formal and informal resources
- 2) Completion of activities which assist the person, his/her family, or his/her friends to determine his/her own future.
- 3) Development of person-centered support plans which provide the direction, assistance and support to allow the person with a disability to live in the community, establish meaningful community associations, and make valued contributions to his/her community.
- 4) Ongoing consultation, community support, training, problem-solving, and technical assistance to assure successful implementation of his/her person-centered plan.
- 5) Development and implementation of community support strategies which aid and strengthen the involvement of community members who assist the person to live in the community.

The consumer, his/her legal guardian, and the county agency will assure that consumer-directed community supports are not duplicative of any other service provided to the person. Components of the consumer-directed community supports will be documented as necessary to prevent the person's institutionalization in the individual service plan/personal support plan. Additionally, the county agency shall document how the community support services enable the person to lead an inclusive community life, build a viable network of support, and result in outcomes specified by the consumer or his/her legal guardian.

Consumer-Directed Community Support (cont.)

Payment Parameters

Minnesota will cover consumer-directed community support services in areas of the state in which local agencies have memorandums of understanding with the state agency to demonstrate the feasibility and effectiveness of consumer-directed community supports. Local agencies offering consumer-directed community support services will:

- * provide consumer education and assistance in areas of self-determination and person centered planning
- * incorporate practices to develop and implement consumer-directed community support options in their local written procedures and criteria for the allocation of home and community based waiver resources
- * establish mechanisms which allow consumers to exercise control and responsibility over their supports
- * refine outcome-based quality assurance methods

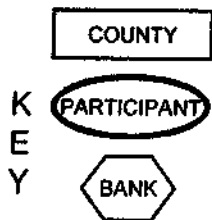
Local agencies' written procedures and criteria will specify their responsibilities to provide information about consumer-directed community support options, to assist consumers in accessing and developing the desired support(s), and to assist in securing administrative assistance to implement the support(s). Authorization of resources for the purposes of purchasing consumer-directed community support services will be made on the local level based upon factors outlined in the agency's written procedures and criteria. These factors may include the person's functional skills, his/her environment, the supports available to the person, and the specialized support needs of the person. Costs associated with consumer directed community support will be managed within a county's unique allowable average to provide the flexibility to meet the preferences and needs of persons in the most effective and efficient manner.

Provider Qualifications

Consumer-directed community services will be provided by entities which meet the unique recipient needs and preferences of the consumer as specified in the person's individual service plan or personal support plan. Local agencies are responsible to work with the consumer and his/her legal guardian to assure that the consumer-directed community supports meets the recipient's health and safety needs, consumer preferences, and are directed at the desired consumer outcomes.

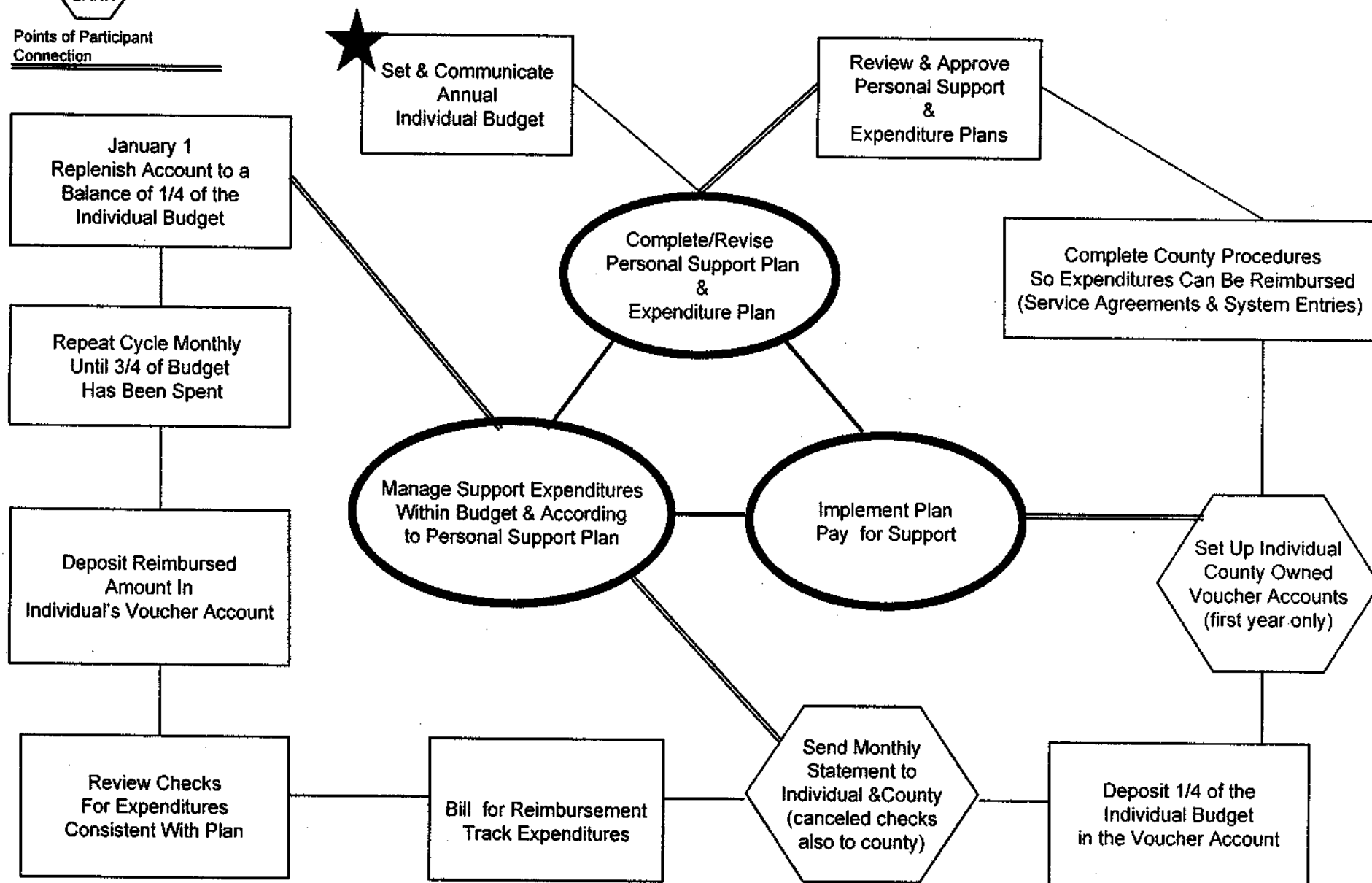
DAKOTA COUNTY INDIVIDUAL BUDGET ALLOCATION MATRIX

| DRAFT | | | | | | | | | | |
|----------------------------------|-----------------------------------------------------------------------------------------|-------------------------------|-------------------------------|----------------------------|--------------------------------|----------------------------|-----------------------------|------------------------------|--------------------------|--------------------|
| | | Number of clients < age 18 | Total Funding for < age 18 | Daily Cost for < age 18 | Number of clients age 18-22 | Total Funding age 18-22 | Daily Cost for age 18-22 | Number of clients >age 22 | Total Funding >age 22 | Cost of >age 22 |
| General needs grant | | | | \$/year | | | \$/year | | | \$/year |
| Supervision needs | | | | | | | | | | |
| 6A | Client has unique care needs | | | \$ / day | | | \$ / day | | | \$ / day |
| 6B | Out of family home | | | \$ / day | | | \$ / day | | | \$ / day |
| 5A | 24 hour sleep caregiver, client supervised at all times. | | | N/A | | | \$ / day | | | \$ / day |
| 5B | Out of family home | | | N/A | | | \$ / day | | | \$ / day |
| 4A | 24 hour plan of care, sleep caregiver, client can spend time alone in familiar settings | | | N/A | | | \$ / day | | | \$ / day |
| 4B | Out of family home | | | N/A | | | \$ / day | | | \$ / day |
| 3A | 24 hour plan of care, no caregiver at night, needs daily assistance throughout the day | | | N/A | | | \$ / day | | | \$ / day |
| 3B | Out of family home | | | N/A | | | \$ / day | | | \$ / day |
| 2A | <24 hour plan, needs assistance with independent living but not more than 1/day | | | N/A | | | \$ / day | | | \$ / day |
| 2B | Out of family home | | | N/A | | | | | | \$ / day |
| 1A | <24 hour plan, needs periodic assistance for money management or changing routine | | | N/A | | | \$ / day | | | \$ / day |
| 1B | Out of family home | | | N/A | | | \$ / day | | | \$ / day |
| Totals | | \$\$\$\$ | | | \$\$\$\$ | | | \$\$\$\$ | | |
| Grand total of all categories | | \$\$\$ | | | \$\$\$ | | | \$\$\$ | | |
| Total number of clients | | | | | | | | | | |
| Average cost per client per year | | | | | | | | | | |
| Average cost per client per day | | | | | | | | | | |



Points of Participant Connection

DAKOTA COUNTY SELF DETERMINATION VOUCHER ACCOUNT PROCESS



REQUEST FOR PROPOSALS

DAKOTA COUNTY SELF-DETERMINATION PROJECT



EMPLOYER OF RECORD OPTION
for individuals with disabilities/families/guardians who
hire their own support

PLEASE COMPLETE AND RETURN YOUR PROPOSAL
BY OCTOBER 31.1997 TO:

Karen Courtney, Project Coordinator
Dakota County Social Services
Developmental Disabilities Section
161 No. Concord Exchange, Suite 400
South St. Paul, MN 55075

If you have any questions about the RFP or the project, contact Karen Courtney at 651/552-3046.

The national Robert Wood Johnson Foundation Self-Determination Initiative is funding projects in 18 states including Minnesota. The purpose of the project is to enhance opportunities for children and adults with developmental disabilities to choose supports, housing options and employment possibilities, and to improve their quality of life. Within Minnesota three counties, including Dakota County, have been selected to participate. One of the ways to support self-determination is to pool financial resources and shift control of those resources from government and service providers to the individuals with disabilities and their families/guardians. This means adults and children with disabilities and their families/guardians (or someone else who is caring for or assisting them) will have individual budgets with which they hire support. They may choose formal service providers, hire informal support (i.e., neighbors or others they recruit and select), or use a combination of the two.

Dakota County is looking for an agency to act as the ***Employer of Record*** for people (other than formal service providers) that the family/guardian or individual with disabilities hires. Individuals/families/guardians will have the option of becoming employers themselves or using this service. There will be 20 participants during the first year of the project. The participants have not yet been selected, so the number who might use this service is unknown. Over three years the project is expected to grow to at least 70 participants, and could eventually be available to all individuals with developmental disabilities and their families/guardians. However, the number who might utilize this option in the future is also unknown.

RESPONSIBILITIES

When using the Employer of Record service, responsibilities would be delineated as follows:

Individual/Family/Guardian

- Determine tasks, hours and wages for support
- Recruit and hire people to provide support
- Notify the agency acting as Employer of Record of hires and terminations
- Complete the paperwork the Employer of Record needs to perform their function
- Orient, train and supervise those hired to provide support
- Submit time records of those providing support to the agency acting as Employer as Record
- Reimburse the agency acting as Employer of Record for hours worked plus a percentage above the hourly wage which covers the costs of related taxes and insurance and a fee for the service.

Agency

- Conduct background checks
- Assure necessary paperwork is completed (W-4, 1-9)
- Pay individuals from submitted time records
- Pay related employee costs, including FICA, FUTA, SUTA, workers' compensation, and liability
- Provide W-2's

- Bill individuals/families/guardians

PROPOSALS

Please include the following information in your proposal:

- the percentage of the hourly wage needed to cover applicable taxes, workers' compensation, unemployment and liability insurances
- the percentage of the hourly wage charged to cover the fee for this service
- the process and materials you would prefer to use with individuals/families/guardians and their employees to relay and receive necessary information and complete necessary paperwork

For the purpose of determining the cost of workers' compensation, work performed by those providing support would most likely range from assistance with personal care to accompanying individuals in community activities. At this time, including a cost for other benefits, such as health insurance, is not necessary. However, this could become a need in the future.

INFORMATION OPPORTUNITIES

Those interested in additional information about the project, or who would like a face to face opportunity for discussion and questions can attend a meeting on Monday, October 13, 1997 at 1:00 p.m. The meeting will be held at our offices in the Norwest Building, 161 North Concord Exchange, South St. Paul, in Room B on the fourth floor.

Phone calls are also welcome and can be made to Karen Courtney at 552-3046.